

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31652

State File No. ....

1003

Registrar's No. 7758

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7758	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location) 13 4412 Bingham Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) L.		c. (Last) Gastreich	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 9, 1920	
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Iron Foundry		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John A. Gastreich		13b. MOTHER'S MAIDEN NAME Ella Lueders		14. NAME OF HUSBAND OR WIFE Charlotte Gastreich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1938		16. SOCIAL SECURITY NO. 497-05-3318		17. INFORMANT'S SIGNATURE OR NAME Charlotte Gastreich		18. ADDRESS 4412 Bingham	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension w. H.P. & DUE TO (c) Nephrosclerosis (Bright's Disease) 24 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR 442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Feb. 10/19, to Sept. 11, 1950, that I last saw the deceased alive on Sept. 11, 1950, and that death occurred at 6:00 m., from the causes and on the date stated above.			
23a. SIGNATURE Ed. Hoffmann (Degree or title) M.D.		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 9-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14/50		24c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery		24d. LOCATION (City, town, or county) St. Louis Mo.	
DATE REC'D BY LOCAL REG. SEP 13 1950		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*mul*

*Hampden Village*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Allen Davis Jr.*

Licensed Embalmer No. 4053

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

**If** this body is not embalmed, fact should be so stated above.